

Fill in this information to identify the case:

Debtor name Rivard Companies, Inc

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) 18-43603

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 10, 2018

X /s/ Michael Rivard

Signature of individual signing on behalf of debtor

Michael Rivard

Printed name

Chief Executive Officer

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Rivard Companies, Inc**
 United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**
 Case number (if known): **18-43603**

☐ Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

| Name of creditor and complete mailing address, including zip code | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, and government contracts) | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. | | |
|---|--|---|--|--|---|-----------------|
| | | | | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim |
| Accu Fastener 830 Highway 23 East Cold Spring, MN 56320 | | | | | | \$79,992.05 |
| All Integrated Solutions SDS12-1957 PO Box 86 Minneapolis, MN 55486 | | | | | | \$104,484.41 |
| Canarm 2157 Perkendale Avenue PO Box 367 Brockville ON K6V 5V6 | | | | | | \$99,740.40 |
| Fleetwoods 16430 highway 65 NE Ham Lake, MN 55304 | | | | | | \$35,113.34 |
| Fleetwoods - FS 16430 highway 65 NE Ham Lake, MN 55304 | | | | | | \$162,140.29 |
| Forest Specialities, Inc. PO Box 527 Humboldt, IA 50548 | | | | | | \$34,504.88 |
| Fox Capital Group 17640 Bentley Drive Morgan Hill, CA 95037 | | | Unliquidated Disputed | | | \$35,039.95 |

Debtor **Rivard Companies, Inc**
Name

Case number (if known) **18-43603**

| Name of creditor and complete mailing address, including zip code | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. | | |
|---|--|--|--|--|---|-----------------|
| | | | | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim |
| Leroy Lind-Linds Electronics 14850 Deveau Place Minnetonka, MN 55345 | | | | | | \$597,996.97 |
| LG Funding, LLC Attn: Rivi Andruiser 1218 Union Street, Suite 2 Brooklyn, NY 11225 | | | Unliquidated Disputed | | | \$154,307.40 |
| Northern Land, LLC Steve Sadowski PO Box 637 Hugo, MN 55038 | | | | | | \$75,000.00 |
| Precision Cedar Products Corp #601-17665 66A Ave Surrey BC V3S 2A7 | | | | | | \$74,652.77 |
| Precision Landscape & Tree Inc 50 S Owasso Blvd East Little Canada, MN 55117 | | | | | | \$104,400.00 |
| Queen Funding, LLC 101 Chase Avenue, Suite 208 Lakewood, NJ 08701 | | | Unliquidated Disputed | | | \$35,268.34 |
| S&A Land Clearing PO Box 637 Hugo, MN 55038 | | | | | | \$53,200.00 |
| Samson Horus 90 John Street New York, NY 10038 | | | Unliquidated Disputed | | | \$61,625.00 |
| SBA c/o Twn cities-Metro CDC 3495 Vadnais Center Drive Vadnais Heights, MN 55110 | | | | | | \$553,097.03 |
| Shamrock Development, Inc. 3200 Maint Street NW Suite 300 Coon Rapids, MN 55448 | | 1 - Baler (1/4 Yard, 9FT Stroke) - \$5,000 1 - Baler (1/6 Yard, 5FT Stroke) - \$5,000 1 - Baler (1/6 Yard, 6FT Stroke) - \$5,000 | | \$402,060.18 | \$15,000.00 | \$387,060.18 |

Debtor **Rivard Companies, Inc**
Name

Case number (if known) **18-43603**

| Name of creditor and complete mailing address, including zip code | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. | | |
|---|--|---|--|--|---|-----------------|
| | | | | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim |
| Village Bank 18770 Hwy 65 NE East Bethel, MN 55011 | | All of Debtor's Assets | | \$1,404,076.73 | \$0.00 | \$1,404,076.73 |
| Village Bank 18772 Hwy 65 NE East Bethel, MN 55011 | | | | | | \$550,105.29 |
| Village Bank 18773 Hwy 65 NE East Bethel, MN 55011 | | | | | | \$298,256.35 |

Fill in this information to identify the case:

Debtor name **Rivard Companies, Inc**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) **18-43603**

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

| | |
|---|------------------------|
| 1a. Real property: Copy line 88 from <i>Schedule A/B</i> | \$ 0.00 |
| 1b. Total personal property: Copy line 91A from <i>Schedule A/B</i> | \$ 2,608,468.30 |
| 1c. Total of all property: Copy line 92 from <i>Schedule A/B</i> | \$ 2,608,468.30 |

Part 2: Summary of Liabilities

| | |
|--|-------------------------|
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> | \$ 2,493,726.10 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F) | |
| 3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> | \$ 57,237.32 |
| 3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> | +\$ 3,479,822.40 |
| 4. Total liabilities Lines 2 + 3a + 3b | \$ 6,030,785.82 |

Fill in this information to identify the case:Debtor name **Rivard Companies, Inc**United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**Case number (if known) **18-43603**☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

Village Bank**18770 Highway 65 NE****East Bethel MN 55011****Balance as of 11-16-18****Business Checking Account**3.1. **Negative Balance (43,000.00)****1182****\$0.00****Falcon National Bank****1441 Bunker Lake Blvd NE****Ham Lake MN 55304****Balance as of 11-16-18****Business Checking Account**3.2. **Balance as of 11-16-18****3945****\$7,207.16****4. Other cash equivalents (Identify all)****Petty Cash**4.1. **As of 11-16-18****\$200.00****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$7,407.16**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Debtor Rivard Companies, Inc Case number (If known) 18-43603
Name

Description, including name of holder of deposit

7.1. **Undeposited Funds** **\$0.00**

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

8.1. **Employee cash advances/loans** **\$0.00**

8.2. **Prepaid Interest** **\$0.00**

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$0.00

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 208,121.01 - 0.00 = **\$208,121.01**
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$208,121.01

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

| General description | Date of the last physical inventory | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|-------------------------------------|---|---|------------------------------------|
| 19. Raw materials Gronomics - Raw Material Raw Cedar Inventory | 11-5-2018 | \$0.00 | N/A | \$54,430.59 |

20. **Work in progress**

Debtor Rivard Companies, Inc Case number (If known) 18-43603
Name

21. **Finished goods, including goods held for resale**
Gronomics - Finished Products
Finished Goods and Finished Parts 11-5-2018 \$0.00 N/A \$97,218.09

Gronomics - Finished Products
Finished Goods Boxed and Finished Parts 11-5-2018 \$0.00 N/A \$79,857.84

22. **Other inventory or supplies**
Gronomics Woodshop Product Inventory 11-5-2018 \$0.00 N/A \$47,634.60

Gronomics Box Inventory
Box Inventory 11-5-2018 \$0.00 N/A \$146,187.15

23. **Total of Part 5.** **\$425,328.27**
Add lines 19 through 22. Copy the total to line 84.

24. **Is any of the property listed in Part 5 perishable?**
☒ No
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**
☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**
☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|---|---|------------------------------------|
| 39. Office furniture Miscellaneous Office Furniture & Fixtures | <u>\$0.00</u> | <u>N/A</u> | <u>\$1,000.00</u> |

Debtor Rivard Companies, Inc Case number (If known) 18-43603
Name

40. Office fixtures

41. Office equipment, including all computer equipment and communication systems equipment and software
Computers & Electronics

\$0.00 N/A

\$5,000.00

42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$6,000.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

☒ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

☐ No. Go to Part 9.
☒ Yes Fill in the information below.

| General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number) | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|---|--|---------------------------------------|
| 47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles | | | |
| 47.1. 1 - 2008 ISUZU, NRR, Dump Truck, VIN: JALE5W16587300969 1 - 1997 Kenworth, T800B Dump Truck, VIN: 1NKDX95X9VJ753016 | Unknown | N/A | Unknown |
| 47.2. 1 - 2008 Felling Trailer Serial No.: 5FTDE263981030982 | Unknown | N/A | Unknown |
| 47.3. 1 - 2003 Kenworth Construction T800 Serial No.: 1XKDDR9X03J387095 | Unknown | N/A | Unknown |
| 47.4. 1 - 2003 Kenworth Construction T800, Serial No.: 1XKDDR9X43J387097 | Unknown | N/A | Unknown |
| 47.5. 1 - 1997 Kenworth Construction T800, Serial No.: 1NKDXTTX7VR741495 | Unknown | N/A | Unknown |
| 47.6. 1 - 1998 Kenworth Construction T800, Serial No.: 1NKDX9TX8WR76970 | Unknown | N/A | Unknown |
| 47.7. 1 - 2005 Titan Trailer, Serial No.: 2K9WF1Z255H035355 | Unknown | N/A | Unknown |

Debtor Rivard Companies, Inc Case number (If known) 18-43603
Name

| | | | | |
|-------|--|---------|-----|--------------|
| 47.8. | 1 - 1997 Ford F350, Serial No.: 1FDJX35G7VEC48811 | Unknown | N/A | Unknown |
| 47.9. | 1 - 2001 United Trailer, Serial NO.: 48B500L221054325 | Unknown | N/A | Unknown |
| 47.10 | 1 - 1975 Clark Trailer #59, Serial No.: 742468 | Unknown | N/A | Unknown |
| 47.11 | 1 - 2007 GMC Savana Cutaway G350, Serial No.: 1 GDHG31U171902660 | Unknown | N/A | Unknown |
| 47.12 | 1 - 2004 International 4000 4300, Serial No.: 1HTMNAAM54H680157 | Unknown | N/A | Unknown |
| 47.13 | 1 - 2009 Peterbilt Unit #109, Serial NO.: 2NPHM6X29M777637 | Unknown | N/A | Unknown |
| 47.14 | 1 - 2009 Peterbilt 330, Serial No.: 2NPNHM6X09M777636 | Unknown | N/A | Unknown |
| 47.15 | 1 - 2009 Ford F150 Super Crew, Serial No.: 1FTPW14V89FA89965 | Unknown | N/A | Unknown |
| 47.16 | 1 - 2015 Griffin Trailer, Serial No.: 56WBH1029FE004996 | Unknown | N/A | Unknown |
| 47.17 | 1 - 1997 International 4000 4700, Serial No.: 1HTSCAAM8VH480307 | Unknown | N/A | Unknown |
| 48. | Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels | | | |
| 49. | Aircraft and accessories | | | |
| 50. | Other machinery, fixtures, and equipment (excluding farm machinery and equipment) | | | |
| | 1 - CAT 926 M Wheel Loader S/N: LTE00304 Added: Fusion Quick Coupler, GP Bucket, LM Bucket | Unknown | N/A | \$206,587.00 |
| | 1 - Robotec 80 Elite | Unknown | N/A | \$10,000.00 |
| | 1 - CAT 906H | Unknown | N/A | \$65,000.00 |
| | 1 - Baler (1/4 Yard, 9FT Stroke) - \$5,000 1 - Baler (1/6 Yard, 5FT Stroke) - \$5,000 1 - Baler (1/6 Yard, 6FT Stroke) - \$5,000 | Unknown | N/A | \$15,000.00 |

Debtor Rivard Companies, Inc Case number (If known) 18-43603
Name

| | | | |
|--|---------|-----|--------------|
| 1 - Baler (1/6 Yard, 5FT Stroke) | Unknown | N/A | \$5,000.00 |
| 1 - Baler (1/6 Yard, 6 Ft Stroke) | Unknown | N/A | \$5,000.00 |
| 1 - Morbark 4600XL | Unknown | | \$299,000.00 |
| Gronomics Vehciles, Trailers & Equipment - List A SEE ATTACHED EXHIBIT A | Unknown | N/A | \$343,200.00 |
| Gronomics Vehicles, Trailers & Equipment - List B SEE ATTACHED EXHIBIT B | Unknown | N/A | \$36,102.00 |

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$984,889.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
☒ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
☒ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.

Nature and extent of debtor's interest in property

Net book value of debtor's interest (Where available)

Valuation method used for current value

Current value of debtor's interest

55.1. The Debtor leases its property (office building) located at:
19801 Highway 65 NE
East Bethel MN 55011
Anoka County

Lease

\$0.00

Unknown

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

Debtor Rivard Companies, Inc Case number (If known) 18-43603
Name

- ☒ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|--|---|------------------------------------|
| 60. Patents, copyrights, trademarks, and trade secrets The Owner of the Debtor, Mike Rivard, holds Patents on certain AHoles and Gronomics products which in turn are used by the Debtor. | Unknown | N/A | Unknown |

61. Internet domain names and websites

62. Licenses, franchises, and royalties

63. Customer lists, mailing lists, or other compilations

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

Current value of debtor's interest

71. Notes receivable

Description (include name of obligor)

Debtor Rivard Companies, Inc Case number (If known) 18-43603
Name

72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)
73. **Interests in insurance policies or annuities**
74. **Causes of action against third parties (whether or not a lawsuit has been filed)**
75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**
76. **Trusts, equitable or future interests in property**
77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

Due from Shareholders and Subject to Offsets

\$976,722.86

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$976,722.86

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Debtor Rivard Companies, Inc Case number (If known) 18-43603
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

| Type of property | Current value of personal property | Current value of real property |
|---|------------------------------------|--------------------------------|
| 80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i> | \$7,407.16 | |
| 81. Deposits and prepayments. <i>Copy line 9, Part 2.</i> | \$0.00 | |
| 82. Accounts receivable. <i>Copy line 12, Part 3.</i> | \$208,121.01 | |
| 83. Investments. <i>Copy line 17, Part 4.</i> | \$0.00 | |
| 84. Inventory. <i>Copy line 23, Part 5.</i> | \$425,328.27 | |
| 85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i> | \$0.00 | |
| 86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i> | \$6,000.00 | |
| 87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i> | \$984,889.00 | |
| 88. Real property. <i>Copy line 56, Part 9.....></i> | | \$0.00 |
| 89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i> | \$0.00 | |
| 90. All other assets. <i>Copy line 78, Part 11.</i> | + \$976,722.86 | |
| 91. Total. Add lines 80 through 90 for each column | \$2,608,468.30 | + 91b. \$0.00 |
| 92. Total of all property on Schedule A/B. Add lines 91a+91b=92 | | \$2,608,468.30 |

| Year | Brand/Make | Model | Serial # | Purchase Price | Est. Value | Machine | Desc Main | Notes: |
|---|--------------------------------|------------|-------------|------------------------------|--------------|---------------------------------|-------------------|---------------------|
| 2015 | Toyota (woodshop) | 7FBEU20 | 10755 | | \$ 15,000.00 | Electric Forklift | | |
| | Sicotte | Airbor 700 | 1237 | | \$ 10,000.00 | Multi Head Drill | | |
| 2015 | Oliver | FS-60 | 13320 | | \$ 6,000.00 | Dowel | | |
| 2016 | Cantek | CANJDT65 | 1602289 | | \$ 5,000.00 | Dovetail Machine | | |
| | M & K, Mfg. | | | | \$ 1,500.00 | Newmatic Glue Rack | | |
| | M & K, Mfg. | | | | \$ 1,500.00 | Newmatic Glue Rack | | |
| 2015 | Powermatic | PWBS-14 | 140219886 | | \$ 1,000.00 | Band Saw | | |
| | Delta | UNISAW | | | \$ 1,500.00 | Table Saw | | |
| | Jessem | | 201312-0829 | | \$ 1,000.00 | Router Table | | |
| | Powermatic | 27 | 1030270146 | | \$ 1,500.00 | Schafer | | |
| 2015 | Powermatic | PM2800B | 15122970 | | \$ 1,400.00 | Drill Press | | |
| | Air-Vac System | M30 | 3975 | | \$ 1,200.00 | Air Filtration System | | |
| | JLT | 128B | | | \$ 1,000.00 | Plate Spreader | | |
| | JLT | 138B | | | \$ 1,000.00 | Plate Spreader | | |
| | Bosch | | | | \$ 600.00 | Miter Saw | | |
| | Bosch | | | | \$ 600.00 | Miter Saw | | |
| | Bosch | | | | \$ 600.00 | Miter Saw | | |
| | Bosch | | | | \$ 600.00 | Miter Saw | | |
| | Peterbuilt | Box Truck | | \$ 25,000.00 | \$ 15,000.00 | Truck | | |
| | Challoner | | | \$ 75,000.00 | \$ 75,000.00 | Tenner | | |
| | Betterly | MT-1 | | \$ 15,000.00 | \$ 10,000.00 | Dovetailer | | Mike & Tom Designed |
| | M & K, Mfg. | DT 4 sided | Dovetail | \$ 40,000.00 | \$ 35,000.00 | Dovetailer | | |
| 2016 | San Stop | | | \$ 5,500.00 | \$ 4,500.00 | Table Saw | | |
| | Delta | Uni-saw | | \$ 1,500.00 | \$ 1,200.00 | Table Saw | | Spare |
| 2012 | Post Dovetailers | | | | \$ 16,000.00 | Post Dovetailers | | Set of 4 - M & K |
| | Router Tables | | | | \$ 4,000.00 | Router Tables | | Set of 4 - M & K |
| 2016 | | | | \$ 12,000.00 | \$ 8,000.00 | Spray Booth | | |
| | | | | \$ 3,000.00 | \$ 2,500.00 | Compressor & Dryer | | |
| | Misc Raching | | | | \$ 30,000.00 | Pallett Racking | | |
| | Powermatic | upcut | | | \$ 10,000.00 | Upcut saw with tables | | |
| | Powermatic | Upcut | | | \$ 10,000.00 | Upcut saw with tables | | |
| | Merchant MFG | | | | \$ 12,000.00 | Spray Booth | | |
| | Robo PAK | 708 | Robo PAK | | \$ 12,000.00 | Shrink Wrapper | | |
| | Tape Dispencer Better Pack 555 | | | 5@ \$1000.00 | \$ 5,000.00 | | | |
| | | | | | \$ 1,000.00 | Pallet Jacks | | 5 @ \$200/Each |
| | | | | | \$ 3,000.00 | Custm Blt Brandery Logo Burners | | 3 @ \$1000/Each |
| | Gang Rip Saw | | | | \$ 15,000.00 | | | Comes with 5 heads |
| | Dust Collector | | | | \$ 3,000.00 | | | For Gang Rip Saw |
| * Misc. specialty tools, specialty fixtures, jogs, custom drills. Vinyl machining jigs & fixtures, miscellaneous hand tools | | | | | \$ 20,000.00 | | | |
| | | | | | TOTAL | \$ | 343,200.00 | |

EXHIBIT B TO SCHEDULE

Gronomcis Inventory - Vehicles, Trailers & Equipment - LIST B

A/B

| <u>Year</u> | <u>Brand/Make</u> | <u>Model</u> | <u>Serial #</u> | <u>Purchase Price</u> | <u>Est. Value</u> | <u>Machine</u> | <u>Notes:</u> |
|-------------|-------------------|--------------|-----------------|-----------------------|---------------------|-----------------|--------------------------------|
| 2015 | Dust Collector | 150HP-3PH | | | \$ 15,000.00 | Dust Collector | Stays with woodshop |
| 2008 | Safety Speed Cut | WB53760 | 1523 | \$ 10,000.00 | \$ 10,000.00 | Belt Sander | W/ belt sander \$4000 in belts |
| 2015 | Amco | | | | \$ 2,001.00 | Humidifier | |
| | Gold Jet | | | | \$ 2,000.00 | Table Saw | |
| | Ritter | | | | \$ 2,000.00 | Edge Sander | |
| 2014 | Jessem | | | | \$ 1,000.00 | Router Table | |
| | Jessem | | | | \$ 1,001.00 | Router Table | |
| 2105 | Powermatic | PF-41 | 15080040137 | | \$ 1,000.00 | Power Feeder | |
| | Bosch | | | | \$ 600.00 | Miter Saw | |
| | | | | | \$ 1,500.00 | Chop Saw Tables | 2 @ \$750/Each |
| | | | | TOTAL | \$ 36,102.00 | | |

Fill in this information to identify the case:

Debtor name **Rivard Companies, Inc**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) **18-43603**

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

| | | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | |
|-----|---|--|--|---------------------|
| 2.1 | Caterpillar Financial Svc Corp <small>Creditor's Name</small> 2120 West End Avenue PO Box 340001 Nashville, TN 37203-0001 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number 8000 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. | Describe debtor's property that is subject to a lien 1 - CAT 926 M Wheel Loader S/N: LTE00304 Added: Fusion Quick Coupler, GP Bucket, LM Bucket Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$146,246.26 | \$206,587.00 |

| | | | | |
|-----|--|--|---------------------|----------------|
| 2.2 | Caterpillar Financial Svc Corp <small>Creditor's Name</small> 2120 West End Avenue PO Box 340001 Nashville, TN 37203-0001 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number 6000 Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. | Describe debtor's property that is subject to a lien 1 - CAT 279D Multi Terrain Load S/N: HP700235 Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply | \$200,809.25 | Unknown |
|-----|--|--|---------------------|----------------|

Debtor **Rivard Companies, Inc** Case number (if know) **18-43603**

- ☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.
- ☐ Contingent
☐ Unliquidated
☐ Disputed

| | | | | |
|-----|---|--|--------------------|---------------------|
| 2.3 | Itria Ventures, LLC/High Crest <small>Creditor's Name</small> 462 7th Avenue, 20th Floor New York, NY 10018 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number 2017 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. | Describe debtor's property that is subject to a lien All of Debtor's Assets Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | \$91,900.00 | \$252,000.00 |
|-----|---|--|--------------------|---------------------|

| | | | | |
|-----|---|---|----------------|----------------|
| 2.4 | Lake Area Bank <small>Creditor's Name</small> 1400 East Highway 96 White Bear Lake, MN 55110 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. | Describe debtor's property that is subject to a lien Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | Unknown | Unknown |
|-----|---|---|----------------|----------------|

| | | | | |
|-----|--|---|---------------|----------------|
| 2.5 | RP Financial, LLC <small>Creditor's Name</small> 5810 W 78th Street Suite 175 Bloomington, MN 55439 <small>Creditor's mailing address</small> | Describe debtor's property that is subject to a lien Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No | \$0.00 | Unknown |
|-----|--|---|---------------|----------------|

Debtor **Rivard Companies, Inc** Case number (if know) **18-43603**

Name

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.6

Shamrock Development, Inc.

Creditor's Name

**3200 Maint Street NW
Suite 300
Coon Rapids, MN 55448**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

1 - Baler (1/4 Yard, 9FT Stroke) - \$5,000

1 - Baler (1/6 Yard, 5FT Stroke) - \$5,000

1 - Baler (1/6 Yard, 6FT Stroke) - \$5,000

\$402,060.18

\$15,000.00

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.7

Village Bank

Creditor's Name

**9298 Central Avenue NE
Blaine, MN 55434**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

0673

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

1 - Hydra Stumper 1275 - S/N 1275 HYD

13400, Stump Head T275 But, Not Limited to

ALL OF DEBTOR'S ASSETS.

\$248,633.68

Unknown

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.8

Village Bank

Describe debtor's property that is subject to a lien

\$1,404,076.73

\$0.00

Debtor **Rivard Companies, Inc** Case number (if known) **18-43603**

Name

Creditor's Name

**18770 Hwy 65 NE
East Bethel, MN 55011**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number
0674

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

All of Debtor's Assets

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$2,493,726.10

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**Caterpillar Financial
PO Box 730669
Dallas, TX 75373-0669**

Line 2.1

**Caterpillar Financial
PO Box 730669
Dallas, TX 75373-0669**

Line 2.2

**Kevin Kobbe
DLA Piper LLP
6225 Smith Avenue
Baltimore, MD 21209-3600**

Line 2.3

**Monica Clark
Dorsey & Whitney LLP
50 S 6th Street, #1500
Minneapolis, MN 55402-1498**

Line 2.1

**Natasha Wells, Esq.
Dorsey & Whitney LLP
50 S 6th St #1500
Minneapolis, MN 55402-1498**

Line 2.1

**Thomas J. Flynn
Larkin Hoffman
8300 Norman Center Dr #1000
Minneapolis, MN 55437-1060**

Line 2.7

Debtor **Rivard Companies, Inc**
Name

Case number (if know) **18-43603**

Thomas J. Flynn
Larkin Hoffman
8300 Norman Center Dr #1000
Minneapolis, MN 55437-1060

Line **2.8**

Fill in this information to identify the case:

Debtor name **Rivard Companies, Inc**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) **18-43603**

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

| | | | Total claim | Priority amount |
|-----|--|--|--------------------|--------------------|
| 2.1 | <p>Priority creditor's name and mailing address</p> <p>Internal Revenue Service Centralized Insolvency Office PO Box 7346 Philadelphia, PA 19101-7346</p> <p>Date or dates debt was incurred November 2018</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Withholding Taxes</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | Unknown | Unknown |
| 2.2 | <p>Priority creditor's name and mailing address</p> <p>Minnesota Revenue Collection Div. BKY Division PO Box 64447 Saint Paul, MN 55164-0447</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Payroll Liabilities</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | \$25,435.12 | \$25,435.12 |

| | | | |
|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Rivard Companies, Inc Name | Case number (if known) | 18-43603 |
|--------|--------------------------------------|------------------------|-----------------|

| | | | | |
|---|--|--|--------------------|--------------------|
| 2.3 | Priority creditor's name and mailing address Minnesota Revenue Collection Div. BKY Division PO Box 64447 Saint Paul, MN 55164-0447 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$31,802.20 | \$31,802.20 |
| Date or dates debt was incurred | | Basis for the claim: Sales & Use Taxes Payable | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

| | | | Amount of claim |
|--|--|--|-----------------|
|--|--|--|-----------------|

| | | | |
|-----|---|---|--------------------|
| 3.1 | Nonpriority creditor's name and mailing address Accu Fastener 830 Highway 23 East Cold Spring, MN 56320 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$79,992.05 |
|-----|---|---|--------------------|

| | | | |
|-----|---|---|---------------------|
| 3.2 | Nonpriority creditor's name and mailing address All Integrated Solutions SDS12-1957 PO Box 86 Minneapolis, MN 55486 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$104,484.41 |
|-----|---|---|---------------------|

| | | | |
|-----|---|---|-------------------|
| 3.3 | Nonpriority creditor's name and mailing address Alpha Omega 1099 Touhy Avenue Elk Grove Village, IL 60007 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,700.00 |
|-----|---|---|-------------------|

| | | | |
|-----|---|---|-------------------|
| 3.4 | Nonpriority creditor's name and mailing address Back Street Media 1324 Atlantic Avenue Benson, MN 56215 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,575.00 |
|-----|---|---|-------------------|

| | | | |
|-----|--|---|-------------------|
| 3.5 | Nonpriority creditor's name and mailing address Barry & Sewall, Inc. PO Box 50 Minneapolis, MN 55440 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,859.00 |
|-----|--|---|-------------------|

| | | | |
|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Rivard Companies, Inc Name | Case number (if known) | 18-43603 |
|--------|--------------------------------------|------------------------|-----------------|

| | | | |
|-----|---|---|-------------------|
| 3.6 | Nonpriority creditor's name and mailing address BASF Corporation Attn: Lockbox 29492 29492 Network Place Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,095.00 |
|-----|---|---|-------------------|

| | | | |
|-----|--|---|--------------------|
| 3.7 | Nonpriority creditor's name and mailing address Bassing Electric 13720 Lincoln Street NE Suite C Ham Lake, MN 55304 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$10,985.43 |
|-----|--|---|--------------------|

| | | | |
|-----|---|---|-------------------|
| 3.8 | Nonpriority creditor's name and mailing address Bettrey Ind PO Box 490518 Blaine, MN 55449 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,297.23 |
|-----|---|---|-------------------|

| | | | |
|-----|---|---|-------------------|
| 3.9 | Nonpriority creditor's name and mailing address Blue Rock Refinishing Solution 2974 Cleveland Ave N Saint Paul, MN 55113 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,190.35 |
|-----|---|---|-------------------|

| | | | |
|------|---|---|-------------------|
| 3.10 | Nonpriority creditor's name and mailing address Box Lake Lumber Products LTD V 1325 Wilson Lake Rd Nakusp BC V0G 1R1 00110 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$5,200.00 |
|------|---|---|-------------------|

| | | | |
|------|---|---|-----------------|
| 3.11 | Nonpriority creditor's name and mailing address C-Aire, Inc. 380 West 1st Street Dresser, WI 54009 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$800.11 |
|------|---|---|-----------------|

| | | | |
|------|---|---|--------------------|
| 3.12 | Nonpriority creditor's name and mailing address Canarm 2157 Perkendale Avenue PO Box 367 Brockville ON K6V 5V6 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$99,740.40 |
|------|---|---|--------------------|

| | | | |
|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Rivard Companies, Inc Name | Case number (if known) | 18-43603 |
|--------|--------------------------------------|------------------------|-----------------|

| | | | |
|-------|--|---|--------------------|
| 3.13 | Nonpriority creditor's name and mailing address Castle Rock Cont. PO Box 514 Castle Rock, MN 55010 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$13,100.00 |
| <hr/> | | | |
| 3.14 | Nonpriority creditor's name and mailing address Caterpillar Financial Svc Corp 2120 West End Avenue PO Box 340001 Nashville, TN 37203-0001 Date(s) debt was incurred ____ Last 4 digits of account number <u>1405</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$343.66 |
| <hr/> | | | |
| 3.15 | Nonpriority creditor's name and mailing address Central Truck Services Inc. 23142 highway 65 NE East Bethel, MN 55005 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$13,083.31 |
| <hr/> | | | |
| 3.16 | Nonpriority creditor's name and mailing address Cherokee Manufacturing 150 Bridgepoint Drive, #200 South Saint Paul, MN 55075 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,540.00 |
| <hr/> | | | |
| 3.17 | Nonpriority creditor's name and mailing address CINTAS CORPORATION #470 PO BOX 88005 Chicago, IL 60680-1005 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$368.46 |
| <hr/> | | | |
| 3.18 | Nonpriority creditor's name and mailing address Corp. Tech PO Box 9022 Fargo, ND 58106-9022 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,648.00 |
| <hr/> | | | |
| 3.19 | Nonpriority creditor's name and mailing address Cumulus Media 3582 Momentum Place Chicago, IL 60689-5335 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$20,370.00 |

| | | | |
|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Rivard Companies, Inc Name | Case number (if known) | 18-43603 |
|--------|--------------------------------------|------------------------|-----------------|

| | | | |
|------|---|---|-------------------|
| 3.20 | Nonpriority creditor's name and mailing address Custom Finishing Industries 308 3rd Ave SW Forest Lake, MN 55025 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,608.23 |
|------|---|---|-------------------|

| | | | |
|------|--|---|-------------------|
| 3.21 | Nonpriority creditor's name and mailing address Dahlke Trailer Sales, Inc. 8170 Hickory St NE Fridley, MN 55432 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,173.06 |
|------|--|---|-------------------|

| | | | |
|------|--|---|-------------------|
| 3.22 | Nonpriority creditor's name and mailing address Dem-Con Dumpster 13020 Dem-Con Drive Shakopee, MN 55379 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,743.09 |
|------|--|---|-------------------|

| | | | |
|------|--|---|--------------------|
| 3.23 | Nonpriority creditor's name and mailing address Doboszinski & Sons 9520 County Road 9 Loretto, MN 55357 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$17,135.82 |
|------|--|---|--------------------|

| | | | |
|------|--|---|-------------------|
| 3.24 | Nonpriority creditor's name and mailing address Dollar & Sense PO Box 390673 Edina, MN 55439-0673 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$5,199.99 |
|------|--|---|-------------------|

| | | | |
|------|---|---|-------------------|
| 3.25 | Nonpriority creditor's name and mailing address Dripworks, Inc. 190 Sanhedrin Circle Willits, CA 95490 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,603.91 |
|------|---|---|-------------------|

| | | | |
|------|---|---|-------------------|
| 3.26 | Nonpriority creditor's name and mailing address Driver & Vehicle Services 445 Minnesota Street Suite 165 Saint Paul, MN 55101-5165 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,547.00 |
|------|---|---|-------------------|

| | | | |
|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Rivard Companies, Inc Name | Case number (if known) | 18-43603 |
|--------|--------------------------------------|------------------------|-----------------|

| | | | |
|------|--|---|-------------------|
| 3.27 | Nonpriority creditor's name and mailing address Dun & Bradstreet 22761 Pacific Coast Highway Malibu, CA 90265 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,198.00 |
|------|--|---|-------------------|

| | | | |
|------|---|---|-----------------|
| 3.28 | Nonpriority creditor's name and mailing address Falcon Prince 1701 Roundup Blvd Belgrade, MT 59714 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$630.00 |
|------|---|---|-----------------|

| | | | |
|------|---|---|--------------------|
| 3.29 | Nonpriority creditor's name and mailing address FedEx Corporate Services Inc. 3965 Airways Blvd. Module G, 3rd Floor Memphis, TN 38116-5017 Date(s) debt was incurred ____ Last 4 digits of account number 5579 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$12,047.64 |
|------|---|---|--------------------|

| | | | |
|------|--|---|--------------------|
| 3.30 | Nonpriority creditor's name and mailing address Fleetwoods 16430 highway 65 NE Ham Lake, MN 55304 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$35,113.34 |
|------|--|---|--------------------|

| | | | |
|------|---|---|---------------------|
| 3.31 | Nonpriority creditor's name and mailing address Fleetwoods - FS 16430 highway 65 NE Ham Lake, MN 55304 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$162,140.29 |
|------|---|---|---------------------|

| | | | |
|------|---|---|--------------------|
| 3.32 | Nonpriority creditor's name and mailing address Forest Specialties, Inc. PO Box 527 Humboldt, IA 50548 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$34,504.88 |
|------|---|---|--------------------|

| | | | |
|------|---|---|--------------------|
| 3.33 | Nonpriority creditor's name and mailing address Fox Capital Group 17640 Bentley Drive Morgan Hill, CA 95037 Date(s) debt was incurred 10/22/2018 Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$35,039.95 |
|------|---|---|--------------------|

| | | | |
|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Rivard Companies, Inc Name | Case number (if known) | 18-43603 |
|--------|--------------------------------------|------------------------|-----------------|

| | | | |
|------|---|---|-------------------|
| 3.34 | Nonpriority creditor's name and mailing address Franklin Advertising PO Box 188 Clearwater, MN 55320 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,390.00 |
|------|---|---|-------------------|

| | | | |
|------|--|---|-------------------|
| 3.35 | Nonpriority creditor's name and mailing address General Paper Products 6650 143rd Avenue Ramsey, MN 55303 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,190.86 |
|------|--|---|-------------------|

| | | | |
|------|--|---|-------------------|
| 3.36 | Nonpriority creditor's name and mailing address Greenville Colorants 90 Paterson Street New Brunswick, NJ 08901 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,250.00 |
|------|--|---|-------------------|

| | | | |
|------|---|---|-------------------|
| 3.37 | Nonpriority creditor's name and mailing address Innovations Plus 23911 Johnson Street NE East Bethel, MN 55005 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$7,827.62 |
|------|---|---|-------------------|

| | | | |
|------|--|---|-------------------|
| 3.38 | Nonpriority creditor's name and mailing address Jackrabbit Wood Products 8590 State Road 70 Siren, WI 54870 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,750.00 |
|------|--|---|-------------------|

| | | | |
|------|---|---|---------------------|
| 3.39 | Nonpriority creditor's name and mailing address Leroy Lind-Linds Electronics 14850 Deveau Place Minnetonka, MN 55345 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$597,996.97 |
|------|---|---|---------------------|

| | | | |
|------|--|---|---------------------|
| 3.40 | Nonpriority creditor's name and mailing address LG Funding, LLC Attn: Rivi Andruiser 1218 Union Street, Suite 2 Brooklyn, NY 11225 Date(s) debt was incurred ____ Last 4 digits of account number <u>2018</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$154,307.40 |
|------|--|---|---------------------|

| | | | |
|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Rivard Companies, Inc Name | Case number (if known) | 18-43603 |
|--------|--------------------------------------|------------------------|-----------------|

| | | | |
|------|---|---|-----------------|
| 3.41 | Nonpriority creditor's name and mailing address Lindsay Machinery, Inc. E5389 N Water Drive Manawa, WI 54949 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$478.12 |
|------|---|---|-----------------|

| | | | |
|------|--|---|--------------------|
| 3.42 | Nonpriority creditor's name and mailing address Litin Paper 3003 N Pacific Street Minneapolis, MN 55411 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$18,335.49 |
|------|--|---|--------------------|

| | | | |
|------|---|---|-------------------|
| 3.43 | Nonpriority creditor's name and mailing address Mastell Bros 14363 Lake Drive NE Forest Lake, MN 55025 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$6,056.22 |
|------|---|---|-------------------|

| | | | |
|------|---|---|-------------------|
| 3.44 | Nonpriority creditor's name and mailing address Metal Coatings PO Box 489 Isanti, MN 55040 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$6,258.77 |
|------|---|---|-------------------|

| | | | |
|------|--|---|-------------------|
| 3.45 | Nonpriority creditor's name and mailing address Metro Plastics 572 Market Street Newark, NJ 07105 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,067.00 |
|------|--|---|-------------------|

| | | | |
|------|---|---|-------------------|
| 3.46 | Nonpriority creditor's name and mailing address Metro Sales, Inc. 1620 E 78th Street Minneapolis, MN 55423 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,357.28 |
|------|---|---|-------------------|

| | | | |
|------|--|---|-------------------|
| 3.47 | Nonpriority creditor's name and mailing address Montu Staffing 10417 Excelsior Blvd Suite 1 Hopkins, MN 55343 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,186.69 |
|------|--|---|-------------------|

| | | | |
|--------|---|------------------------|-----------------|
| Debtor | Rivard Companies, Inc <small>Name</small> | Case number (if known) | 18-43603 |
|--------|---|------------------------|-----------------|

| | | | |
|------|---|---|-------------------|
| 3.48 | Nonpriority creditor's name and mailing address Morbark PO Box 1000 Winn, MI 48896 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$6,703.99 |
|------|---|---|-------------------|

| | | | |
|------|---|---|-------------------|
| 3.49 | Nonpriority creditor's name and mailing address Nei-Turner Media 400 Broad Street Unit D Lake Geneva, WI 53147 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,755.00 |
|------|---|---|-------------------|

| | | | |
|------|---|---|-------------------|
| 3.50 | Nonpriority creditor's name and mailing address Northern Coating Supply 312 Birch Avenue Park Rapids, MN 56470 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,862.59 |
|------|---|---|-------------------|

| | | | |
|------|--|---|--------------------|
| 3.51 | Nonpriority creditor's name and mailing address Northern Land, LLC Steve Sadowski PO Box 637 Hugo, MN 55038 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$75,000.00 |
|------|--|---|--------------------|

| | | | |
|------|---|---|--------------------|
| 3.52 | Nonpriority creditor's name and mailing address Perry & Perry PLLP 1660 Highway 100 South Suite 336 Minneapolis, MN 55416-3555 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$12,075.11 |
|------|---|---|--------------------|

| | | | |
|------|---|---|-------------------|
| 3.53 | Nonpriority creditor's name and mailing address Pomp's Tire Service, Inc. PO Box 1630 Green Bay, WI 54305-1630 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,129.43 |
|------|---|---|-------------------|

| | | | |
|------|---|---|-------------------|
| 3.54 | Nonpriority creditor's name and mailing address Poplar Plastics 6959 N 55th Street Oakdale, MN 55128 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,296.00 |
|------|---|---|-------------------|

| | | | |
|--------|---|------------------------|-----------------|
| Debtor | Rivard Companies, Inc <small>Name</small> | Case number (if known) | 18-43603 |
|--------|---|------------------------|-----------------|

| | | | |
|------|---|---|---------------------|
| 3.55 | Nonpriority creditor's name and mailing address Precision Cedar Products Corp #601-17665 66A Ave Surrey BC V3S 2A7 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$74,652.77 |
| 3.56 | Nonpriority creditor's name and mailing address Precision Landscape & Tree Inc 50 S Owasso Blvd East Little Canada, MN 55117 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$104,400.00 |
| 3.57 | Nonpriority creditor's name and mailing address Prism Pigments 1251 Arundel Street Saint Paul, MN 55117 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$10,496.00 |
| 3.58 | Nonpriority creditor's name and mailing address Queen Funding, LLC 101 Chase Avenue, Suite 208 Lakewood, NJ 08701 Date(s) debt was incurred ____ Last 4 digits of account number <u>1918</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$35,268.34 |
| 3.59 | Nonpriority creditor's name and mailing address Real Milk Paint Co 126 Commerce Drive Hohenwald, TN 38462 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$8,598.00 |
| 3.60 | Nonpriority creditor's name and mailing address S&A Land Clearing PO Box 637 Hugo, MN 55038 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$53,200.00 |
| 3.61 | Nonpriority creditor's name and mailing address Safety Speed MFG 13943 Lincoln Street NE Ham Lake, MN 55304 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$887.16 |

| | | | |
|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Rivard Companies, Inc Name | Case number (if known) | 18-43603 |
|--------|--------------------------------------|------------------------|-----------------|

| | | | |
|------|--|---|--------------------|
| 3.62 | Nonpriority creditor's name and mailing address Samson Horus 90 John Street New York, NY 10038 Date(s) debt was incurred ____ Last 4 digits of account number <u>2018</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$61,625.00 |
|------|--|---|--------------------|

| | | | |
|------|--|---|--------------------|
| 3.63 | Nonpriority creditor's name and mailing address Savannah Pallet PO Box 308 McGregor, MN 55760 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$13,983.00 |
|------|--|---|--------------------|

| | | | |
|------|---|---|---------------------|
| 3.64 | Nonpriority creditor's name and mailing address SBA c/o Twn cities-Metro CDC 3495 Vadnais Center Drive Vadnais Heights, MN 55110 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$553,097.03 |
|------|---|---|---------------------|

| | | | |
|------|---|---|-----------------|
| 3.65 | Nonpriority creditor's name and mailing address School District Publishing PO Box 489 Riesel, TX 76682 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$990.00 |
|------|---|---|-----------------|

| | | | |
|------|--|---|--------------------|
| 3.66 | Nonpriority creditor's name and mailing address Schwegman Lundberg Woessner 1600 TCF Tower 121 S 8th Street Minneapolis, MN 55402 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$14,197.24 |
|------|--|---|--------------------|

| | | | |
|------|--|---|-------------------|
| 3.67 | Nonpriority creditor's name and mailing address Smith Brothers Decorating Ctr 17362 Highway 65 Ham Lake, MN 55304 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,570.86 |
|------|--|---|-------------------|

| | | | |
|------|---|---|-------------------|
| 3.68 | Nonpriority creditor's name and mailing address SMORACY, LLC DEPT #77982 PO Box 77000 Detroit, MI 48277-0982 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,243.12 |
|------|---|---|-------------------|

| | | | |
|--------|--|------------------------|-----------------|
| Debtor | Rivard Companies, Inc. <small>Name</small> | Case number (if known) | 18-43603 |
|--------|--|------------------------|-----------------|

| | | | |
|------|---|---|--------------------|
| 3.69 | Nonpriority creditor's name and mailing address St. Francis Hardware 3645 Bridge St NW Saint Francis, MN 55070 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$7,202.87 |
| 3.70 | Nonpriority creditor's name and mailing address Steve's Heating & Svc Inc. 21345 Aberdeen St NE East Bethel, MN 55011 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,175.00 |
| 3.71 | Nonpriority creditor's name and mailing address Sylva Corporation, Inc. 900 Airport Road Princeton, MN 55371 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,026.00 |
| 3.72 | Nonpriority creditor's name and mailing address The Teal Jones Group (Cascade) 17897 Triggs Road Surrey BC V4n 4M8 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$12,000.00 |
| 3.73 | Nonpriority creditor's name and mailing address Thoresen Diaby Helle, et al 600 Highway 169 Suite 1960 St. Louis Park, MN 55426 Date(s) debt was incurred ____ Last 4 digits of account number <u>Rivard</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$33,358.00 |
| 3.74 | Nonpriority creditor's name and mailing address Thoresen Diaby Helle, et al 600 Highway 169 Suite 1960 St. Louis Park, MN 55426 Date(s) debt was incurred ____ Last 4 digits of account number <u>Eco</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,339.70 |
| 3.75 | Nonpriority creditor's name and mailing address Tri-State Lumber & Land, Inc. 35-A West Eau Claire Street Rice Lake, WI 54868 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,229.54 |

| | | | |
|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Rivard Companies, Inc Name | Case number (if known) | 18-43603 |
|--------|--------------------------------------|------------------------|-----------------|

| | | | |
|------|--|---|-----------------|
| 3.76 | Nonpriority creditor's name and mailing address Uline PO Box 88741 Chicago, IL 60680-1741 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$951.35 |
|------|--|---|-----------------|

| | | | |
|------|--|---|-------------------|
| 3.77 | Nonpriority creditor's name and mailing address V & H, Inc. PO Box 622 Marshfield, WI 54449 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,950.00 |
|------|--|---|-------------------|

| | | | |
|------|--|---|---------------------|
| 3.78 | Nonpriority creditor's name and mailing address Village Bank 18772 Hwy 65 NE East Bethel, MN 55011 Date(s) debt was incurred ____ Last 4 digits of account number 3024 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$550,105.29 |
|------|--|---|---------------------|

| | | | |
|------|--|---|---------------------|
| 3.79 | Nonpriority creditor's name and mailing address Village Bank 18773 Hwy 65 NE East Bethel, MN 55011 Date(s) debt was incurred ____ Last 4 digits of account number 0224 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$298,256.35 |
|------|--|---|---------------------|

| | | | |
|------|---|---|-------------------|
| 3.80 | Nonpriority creditor's name and mailing address Walker Emulsions, Inc. 4401 SE Johnson Creek Blvd Portland, OR 97222 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,195.03 |
|------|---|---|-------------------|

| | | | |
|------|---|---|-------------------|
| 3.81 | Nonpriority creditor's name and mailing address Wheeler Lumber LLC PO Box 88484 Milwaukee, WI 53288-0484 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,537.60 |
|------|---|---|-------------------|

| | | | |
|------|---|---|-------------------|
| 3.82 | Nonpriority creditor's name and mailing address Wyatt-Quarles Seed Company PO Box 739 Garner, NC 27529 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,180.00 |
|------|---|---|-------------------|

| | | | |
|--------|--------------------------------------|------------------------|-----------------|
| Debtor | Rivard Companies, Inc Name | Case number (if known) | 18-43603 |
|--------|--------------------------------------|------------------------|-----------------|

| | | | |
|------|---|--|--------------------|
| 3.83 | Nonpriority creditor's name and mailing address YTS Companies, LLC 13355 George Weber Drive Suite N Rogers, MN 55374-4866 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$16,775.00 |
|------|---|--|--------------------|

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

| | Name and mailing address | On which line in Part 1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
|-----|---|--|---|
| 4.1 | Amy Blowers Gurstel Law Firm PC 6681 Country Club Drive Golden Valley, MN 55427 | Line <u>3.19</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.2 | Caterpillar Financial PO Box 730669 Dallas, TX 75373-0669 | Line <u>3.14</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.3 | Gene W. Rosen, Esq. Gene Rosen's Law Firm 147-10 77th Avenue Kew Gardens Hills, NY 11367 | Line <u>3.40</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.4 | James G. Robin Wayzat Law Group, LLC 6200 Excelsiour Blvd #104 Minneapolis, MN 55416 | Line <u>3.30</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.5 | James G. Robin Wayzat Law Group, LLC 6200 Excelsiour Blvd #104 Minneapolis, MN 55416 | Line <u>3.31</u> <input type="checkbox"/> Not listed. Explain _____ | — |

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

| | | | |
|---|-----|----|------------------------|
| 5a. Total claims from Part 1 | 5a. | \$ | 57,237.32 |
| 5b. Total claims from Part 2 | 5b. | + | \$ 3,479,822.40 |
| 5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c. | 5c. | \$ | 3,537,059.72 |

Fill in this information to identify the case:

Debtor name Rivard Companies, Inc

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) 18-43603

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

The Debtor Leases its Real Estate from MLR Woods, LLC

State the term remaining

List the contract number of any government contract

**MLR Woods, LLC
19801 Highway 65 NE
East Bethel, MN 55011**

Fill in this information to identify the case:Debtor name **Rivard Companies, Inc**United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**Case number (if known) **18-43603**☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: **Codebtor**Column 2: **Creditor****Name****Mailing Address****Name***Check all schedules that apply:*2.1 **Lisa Rivard****21560 Cedar Drive
Cedar, MN 55011****LG Funding, LLC**☐ D _____
☒ E/F **3.40**
☐ G _____2.2 **Lisa Rivard****21560 Cedar Drive
Cedar, MN 55011****Samson Horus**☐ D _____
☒ E/F **3.62**
☐ G _____2.3 **Lisa Rivard****21560 Cedar Drive
Cedar, MN 55011****Fox Capital Group**☐ D _____
☒ E/F **3.33**
☐ G _____2.4 **Lisa Rivard****21560 Cedar Drive
Cedar, MN 55011****Itria Ventures,
LLC/High Crest**☒ D **2.3**
☐ E/F _____
☐ G _____2.5 **Lisa Rivard****21560 Cedar Drive
Cedar, MN 55011****Queen Funding, LLC**☐ D _____
☒ E/F **3.58**
☐ G _____

Debtor **Rivard Companies, Inc**

Case number (if known) **18-43603**

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

| | | | | |
|------|--------------------|--|---|---|
| 2.6 | Lisa Rivard | 21560 Cedar Drive Cedar, MN 55011 | Village Bank | <input checked="" type="checkbox"/> D <u>2.7</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____ |
| 2.7 | Lisa Rivard | 21560 Cedar Drive Cedar, MN 55011 | Village Bank | <input checked="" type="checkbox"/> D <u>2.8</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____ |
| 2.8 | Lisa Rivard | 21560 Cedar Drive Cedar, MN 55011 | SBA | <input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.64</u> <input type="checkbox"/> G _____ |
| 2.9 | Lisa Rivard | 21560 Cedar Drive Cedar, MN 55011 | Village Bank | <input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.78</u> <input type="checkbox"/> G _____ |
| 2.10 | Lisa Rivard | 21560 Cedar Drive Cedar, MN 55011 | Village Bank | <input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.79</u> <input type="checkbox"/> G _____ |
| 2.11 | Lisa Rivard | 21560 Cedar Drive Cedar, MN 55011 | RP Financial, LLC | <input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____ |
| 2.12 | Lisa Rivard | 21560 Cedar Drive Cedar, MN 55011 | Caterpillar Financial Svc Corp | <input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____ |
| 2.13 | Lisa Rivard | 21560 Cedar Drive Cedar, MN 55011 | Caterpillar Financial Svc Corp | <input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____ |

Debtor **Rivard Companies, Inc**

Case number (if known) **18-43603**

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

| | | | | |
|-------|-----------------------|--|---|---|
| 2.14 | Michael Rivard | 21560 Cedar Drive Cedar, MN 55011 | Caterpillar Financial Svc Corp | <input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.15 | Michael Rivard | 21560 Cedar Drive Cedar, MN 55011 | LG Funding, LLC | <input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.40</u> <input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.16 | Michael Rivard | 21560 Cedar Drive Cedar, MN 55011 | Fox Capital Group | <input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.33</u> <input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.17 | Michael Rivard | 21560 Cedar Drive Cedar, MN 55011 | Itria Ventures, LLC/High Crest | <input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.18 | Michael Rivard | 21560 Cedar Drive Cedar, MN 55011 | Queen Funding, LLC | <input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.58</u> <input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.19 | Michael Rivard | 21560 Cedar Drive Cedar, MN 55011 | Village Bank | <input checked="" type="checkbox"/> D <u>2.7</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.20 | Michael Rivard | 21560 Cedar Drive Cedar, MN 55011 | Village Bank | <input checked="" type="checkbox"/> D <u>2.8</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.21 | Michael Rivard | 21560 Cedar Drive Cedar, MN 55011 | SBA | <input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.64</u> <input type="checkbox"/> G _____ |
| <hr/> | | | | |

Debtor **Rivard Companies, Inc**

Case number (if known) **18-43603**

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

| | | | | |
|------|-----------------------|--|---------------------|--|
| 2.22 | Michael Rivard | 21560 Cedar Drive Cedar, MN 55011 | Village Bank | <input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.78</u> <input type="checkbox"/> G _____ |
|------|-----------------------|--|---------------------|--|

| | | | | |
|------|-----------------------|--|---------------------|--|
| 2.23 | Michael Rivard | 21560 Cedar Drive Cedar, MN 55011 | Village Bank | <input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.79</u> <input type="checkbox"/> G _____ |
|------|-----------------------|--|---------------------|--|

| | | | | |
|------|-----------------------|--|--------------------------|---|
| 2.24 | Michael Rivard | 21560 Cedar Drive Cedar, MN 55011 | RP Financial, LLC | <input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____ |
|------|-----------------------|--|--------------------------|---|

| | | | | |
|------|-----------------------|--|---|---|
| 2.25 | Michael Rivard | 21560 Cedar Drive Cedar, MN 55011 | Caterpillar Financial Svc Corp | <input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____ |
|------|-----------------------|--|---|---|

Fill in this information to identify the case:

Debtor name Rivard Companies, Inc

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) 18-43603

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From 1/01/2018 to Filing Date

☒ Operating a business
☐ Other _____

\$4,271,811.15

For prior year:
From 1/01/2017 to 12/31/2017

☒ Operating a business
☐ Other _____

\$5,645,792.03

For year before that:
From 1/01/2016 to 12/31/2016

☒ Operating a business
☐ Other _____

\$3,508,443.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor **Rivard Companies, Inc**Case number (if known) **18-43603**

| Creditor's Name and Address | Dates | Total amount of value | Reasons for payment or transfer <i>Check all that apply</i> |
|--|--|-----------------------|--|
| 3.1. Fox Capital Group 17640 Bentley Drive Morgan Hill, CA 95037 | August 2018 through November 2018 | \$57,909.06 | <input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ___ |
| 3.2. Itria Ventures, LLC/High Crest 462 7th Avenue, 20th Floor New York, NY 10018 | August, 2018 to November 2018 | \$47,600.00 | <input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ___ |
| 3.3. LG Funding, LLC Attn: Rivi Andruiser 1218 Union Street, Suite 2 Brooklyn, NY 11225 | August 2018 to November 2018 | \$47,653.40 | <input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ___ |
| 3.4. Queen Funding, LLC 101 Chase Avenue, Suite 208 Lakewood, NJ 08701 | August 2018 to November 2018 | \$39,823.80 | <input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ___ |
| 3.5. Samson Horus 90 John Street New York, NY 10038 | August 2018 to November 2018 | \$29,875.00 | <input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ___ |
| 3.6. The Debtor is Investigating and will supplement the answer to this question | | \$0.00 | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ___ |

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

| Insider's name and address Relationship to debtor | Dates | Total amount of value | Reasons for payment or transfer |
|---|--|-----------------------|---------------------------------|
| 4.1. Lisa Rivard 21560 Cedar Drive Cedar, MN 55011 Owner of the Debtor | January 1, 2018 to December 5, 2018 | \$81,274.20 | Salary |

Debtor **Rivard Companies, Inc**Case number (if known) **18-43603**

| Insider's name and address Relationship to debtor | Dates | Total amount of value | Reasons for payment or transfer |
|--|--|-----------------------|---------------------------------|
| 4.2. Michael Rivard 21560 Cedar Drive Cedar, MN 55011 Owner of Debtor | January 1, 2018 to December 5, 2018 | \$77,403.90 | Salary |

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

| Creditor's name and address | Describe of the Property | Date | Value of property |
|-----------------------------|--------------------------|------|-------------------|
|-----------------------------|--------------------------|------|-------------------|

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

| Creditor's name and address | Description of the action creditor took | Date action was taken | Amount |
|-----------------------------|---|-----------------------|--------|
|-----------------------------|---|-----------------------|--------|

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

| | Case title Case number | Nature of case | Court or agency's name and address | Status of case |
|------|--|--|--|--|
| 7.1. | Samson Horus against Rivard Companies, Inc. dba Central Wood Products & Gronomics Unknown | Confession of Judgment | Supreme Court of the State of NY County of West Chester | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| 7.2. | Itria Ventuures, LLC against Rivard Companies, Inc dba Gronomics and Rivard Contracting dba Central Wood Products and Lisa Jane Rivard Unknown | Affidavti of Confession of Judgment | Supreme Court of the State of NY County of West Chester | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| 7.3. | Itria Ventuures, LLC against Rivard Companies, Inc dba Gronomics and Rivard Contracting dba Central Wood Products and Michael Joseph Rivard Unknown | Affidavit of Confession of Judgment | Supreme Court of the State of NY County of West Chester | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| 7.4. | Queen Funding, LLC against Rivard Companies, Inc. and Lisa J. Rivard, Michael J. Rivard Unknown | Affidavit of Confession of Judgment | Supreme Court of the State of NY County of West Chester | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |

Debtor **Rivard Companies, Inc**Case number (if known) **18-43603**

| | Case title Case number | Nature of case | Court or agency's name and address | Status of case |
|------|--|--|---|---|
| 7.5. | Fox Capital Group, Inc. against Rivard Companies, Inc dba Gronomica and Lisa J. Rivard, Michael J. Rivard Unknown | Affidavit of Confession of Judgment | Supreme Court of the State of NY County of West Chester | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| 7.6. | Cumulus Media Inc vs. Rivard COMpanis, Inc. 02-CV-18-4952 | Default Judgment | Anoka County Court Administration 2100 3rd Avenue Anoka, MN 55303-2489 | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☐ None

| | Recipient's name and address | Description of the gifts or contributions | Dates given | Value |
|------|---|--|-----------------|-----------------|
| 9.1. | Travis - Army | AHoles Bean Bag Toss Game White Finish w/LED Lights AHoles Bean Bag Toss Game Wood Grain backdrop | 2-8-2018 | \$278.51 |
| | Recipients relationship to debtor None | | | |
| 9.2. | Lakeville Fire 9465 185th Street Lakeville, MN 55044 | AHoles Bean Bag Toss Game Wood Gran Finish w/LED Lights | 3-1-2018 | \$299.99 |
| | Recipients relationship to debtor None | | | |
| 9.3. | Donna Davis 11770 Highway 98 Stephens, AR 71764 | Planter Box 18X34X19 - Safe Finish | 9-5-2018 | \$241.99 |
| | Recipients relationship to debtor None | | | |
| 9.4. | See Below | The Debtor contributes Bean Bag Toss Games and Mulch to charitable causes, Fire Departments, Etc. The Debtor can provide information upon request. Charitable contributions would be less than \$2,000 in total per year. | | \$0.00 |
| | Recipients relationship to debtor None | | | |

Debtor **Rivard Companies, Inc**Case number (if known) **18-43603****Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☐ None

| Description of the property lost and how the loss occurred | Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small> | Dates of loss | Value of property lost |
|--|--|---------------|------------------------|
| Pick Up Truck - Collision with a deer | Rembursement from Insurance Company was \$11,000.00 | 2018 | \$11,000.00 |
| Failure of a Grinder | \$50,000.00 - reimbursement from insurance company | 2018 | \$50,000.00 |

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

| Who was paid or who received the transfer? Address | If not money, describe any property transferred | Dates | Total amount or value |
|--|---|------------------|-----------------------|
| 11.1. Steven B. Nosek, P.A. Attorney at Law 2855 Anthony Lane S, #201 St. Anthony, MN 55418 | Attorney Fees | November 9, 2018 | \$12,000.00 |
| Email or website address snosek@noseklawfirm.com | | | |
| Who made the payment, if not debtor? The \$12,000.00 I received from the Debtor was a Retainer. | | | |

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

| Name of trust or device | Describe any property transferred | Dates transfers were made | Total amount or value |
|-------------------------|-----------------------------------|---------------------------|-----------------------|
|-------------------------|-----------------------------------|---------------------------|-----------------------|

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

| Who received transfer? Address | Description of property transferred or payments received or debts paid in exchange | Date transfer was made | Total amount or value |
|-----------------------------------|--|------------------------|-----------------------|
|-----------------------------------|--|------------------------|-----------------------|

Debtor **Rivard Companies, Inc**Case number (if known) **18-43603****Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address

Dates of occupancy
From-To**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services
the debtor providesIf debtor provides meals
and housing, number of
patients in debtor's care**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**☐ No.☐ Yes. State the nature of the information collected and retained.**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**☐ No. Go to Part 10.☐ Yes. Does the debtor serve as plan administrator?**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ NoneFinancial Institution name and
AddressLast 4 digits of
account numberType of account or
instrumentDate account was
closed, sold,
moved, or
transferredLast balance
before closing or
transfer**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☐ None

Depository institution name and address

Names of anyone with
access to it
Address

Description of the contents

Do you still
have it?**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

Debtor **Rivard Companies, Inc**Case number (if known) **18-43603**☒ None

Facility name and address

Names of anyone with
access to it

Description of the contents

Do you still
have it?**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.☒ No.☐ Yes. Provide details below.Case title
Case numberCourt or agency name and
address

Nature of the case

Status of case

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?☒ No.☐ Yes. Provide details below.

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

24. Has the debtor notified any governmental unit of any release of hazardous material?☒ No.☐ Yes. Provide details below.

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

Debtor **Rivard Companies, Inc**Case number (if known) **18-43603****Business name address****Describe the nature of the business****Employer Identification number**

Do not include Social Security number or ITIN.

Dates business existed**EIN:****From-To**

25.1. **Central Wood Products**
19801 Hwy 65 NE
East Bethel, MN 55011

25.2. **Rivard Contracting**
19801 Highway 65 NE
East Bethel, MN 55011

EIN:**From-To**

25.3. **Gronomics**
19801 Highway 65 NE
East Bethel, MN 55011

EIN:**From-To****26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None**Name and address****Date of service****From-To**

26a.1. **Thoresen Diaby Helle Condon & Dodge**
Stephen D. Helle CPA
600 Hwy 169 S #1960
St. Louis Park, MN 55426

Various Dates

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None**Name and address****If any books of account and records are unavailable, explain why**

26c.1. **Rivard Companies, Inc.**
19801 Highway 65 NE
East Bethel, MN 55011

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None**Name and address**

26d.1. **Fox Capital Group**
17640 Bentley Drive
Morgan Hill, CA 95037

26d.2. **Itria Ventures, LLC/High Crest**
462 7th Avenue, 20th Floor
New York, NY 10018

26d.3. **LG Funding, LLC**
Attn: Rivi Andruiser
1218 Union Street, Suite 2
Brooklyn, NY 11225

Debtor **Rivard Companies, Inc**Case number (if known) **18-43603****Name and address**

26d.4. **Queen Funding, LLC**
101 Chase Avenue, Suite 208
Lakewood, NJ 08701

26d.5. **Samson Horus**
90 John Street
New York, NY 10038

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No☒ Yes. Give the details about the two most recent inventories.

| | Name of the person who supervised the taking of the inventory | Date of inventory | The dollar amount and basis (cost, market, or other basis) of each inventory |
|------|--|--------------------------|---|
| 27.1 | Mike Rivard | 11-5-2018 | Mike Rivard inventories the mulch on a monthly basis |
| | Name and address of the person who has possession of inventory records Rivard Companies, Inc. 19801 Highway 65 NE East Bethel, MN 55011 | | |
| 27.2 | Mike Rivard | Monthly | The Staff inventories the Gronomics and AHole products |
| | Name and address of the person who has possession of inventory records Rivard Companies, Inc. 19801 Highway 65 NE East Bethel, MN 55011 | | |

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

| Name | Address | Position and nature of any interest | % of interest, if any |
|-----------------------|--|--|------------------------------|
| Michael Rivard | 21560 Cedar Drive Cedar, MN 55011 | Owner | 49% |
| Lisa Rivard | 21560 Cedar Drive Cedar, MN 55011 | Owner | 51% |

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?☒ No☐ Yes. Identify below.**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

Debtor **Rivard Companies, Inc**Case number (if known) **18-43603**

- ☐ No
- ☒ Yes. Identify below.

| Name and address of recipient | Amount of money or description and value of property | Dates | Reason for providing the value |
|-------------------------------|--|-------|--------------------------------|
| 30.1 Refer to #4 above | | | |
| Relationship to debtor | | | |

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
- ☐ Yes. Identify below.

| Name of the parent corporation | Employer Identification number of the parent corporation |
|--------------------------------|--|
| | |

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
- ☐ Yes. Identify below.

| Name of the pension fund | Employer Identification number of the parent corporation |
|--------------------------|--|
| | |

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **December 10, 2018**

/s/ Michael Rivard
Signature of individual signing on behalf of the debtor

Michael Rivard
Printed name

Position or relationship to debtor **Chief Executive Officer**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
- ☐ Yes

**United States Bankruptcy Court
District of Minnesota**

In re **Rivard Companies, Inc**

Debtor(s)

Case No. **18-43603**

Chapter **11**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

| | | |
|---|----|------------------|
| For legal Services, I have agreed to accept | \$ | 12,000.00 |
| Prior to the filing of this statement I have received | \$ | 12,000.00 |
| Balance Due | \$ | 0.00 |

2. The source of the compensation paid to me was:

☐ Debtor

☒ Other (specify)

Prior to filing the Chpt. 11, I billed the Debtor from 11/6/18 to 11/15/18 for pre-bankruptcy fees in the amount of \$1,500 and for costs in the amount of \$2,167.50 which included the filing fee. This was taken from the \$12,000 retainer.

3. The source of the compensation to be paid to me is:

☐ Debtor

☒ Other (specify)

I will be charging the Debtor \$300.00 per hour

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people or entities sharing in the compensation, is attached.

5. In return for the above-disclosed fee, together with such further fee, if any, as is provided in the written contract required by 11 U.S.C. §528(a)(1), I have agreed to render legal service for all aspects of the bankruptcy case, including:

A. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;

B. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

C. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

D. Representation of the debtor in contested bankruptcy matters; and

E. Other services reasonably necessary to represent the debtor(s).

6. Pursuant to Local Rules 1007-1 and 1007-3-1, I have advised the debtor of the requirements in the Statement of Financial Affairs to disclose all payments made, or property transferred, by or on behalf of the debtor to any person, including attorneys, for consultation concerning debt consolidation or reorganization, relief under bankruptcy law, or preparation of a petition in bankruptcy. I have reviewed the debtor's disclosures and they are accurate and complete to the best of my knowledge.

LOCAL FORM 1007-1
REVISED 06/16

CERTIFICATION

I certify that the foregoing, together with the written contract required by 11 U.S.C. §528(a)(1), is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy case.

Dated: **December 10, 2018**

Signature of Attorney
/s/ Steven B. Nosek
Steven B. Nosek 79960

**United States Bankruptcy Court
District of Minnesota**

In re **Rivard Companies, Inc**

Debtor(s)

Case No. **18-43603**
Chapter **11**

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

| Name and last known address or place of business of holder | Security Class | Number of Securities | Kind of Interest |
|---|----------------|----------------------|--------------------------|
| Lisa Rivard 21560 Cedar Drive Cedar, MN 55011 | | 51% | Owner/Shareholder |
| Michael Rivard 21560 Cedar Drive Cedar, MN 55011 | | 49% | Owner/Shareholder |

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **Chief Executive Officer** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **December 10, 2018**

Signature **/s/ Michael Rivard**
Michael Rivard

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court
District of Minnesota**

| | | | |
|-------|-------------------------------------|----------|------------------------|
| In re | <u>Rivard Companies, Inc</u> | Case No. | <u>18-43603</u> |
| | Debtor(s) | Chapter | <u>11</u> |

VERIFICATION OF CREDITOR MATRIX

I, the Chief Executive Officer of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **December 10, 2018**

/s/ Michael Rivard
Michael Rivard/Chief Executive Officer
Signer/Title